

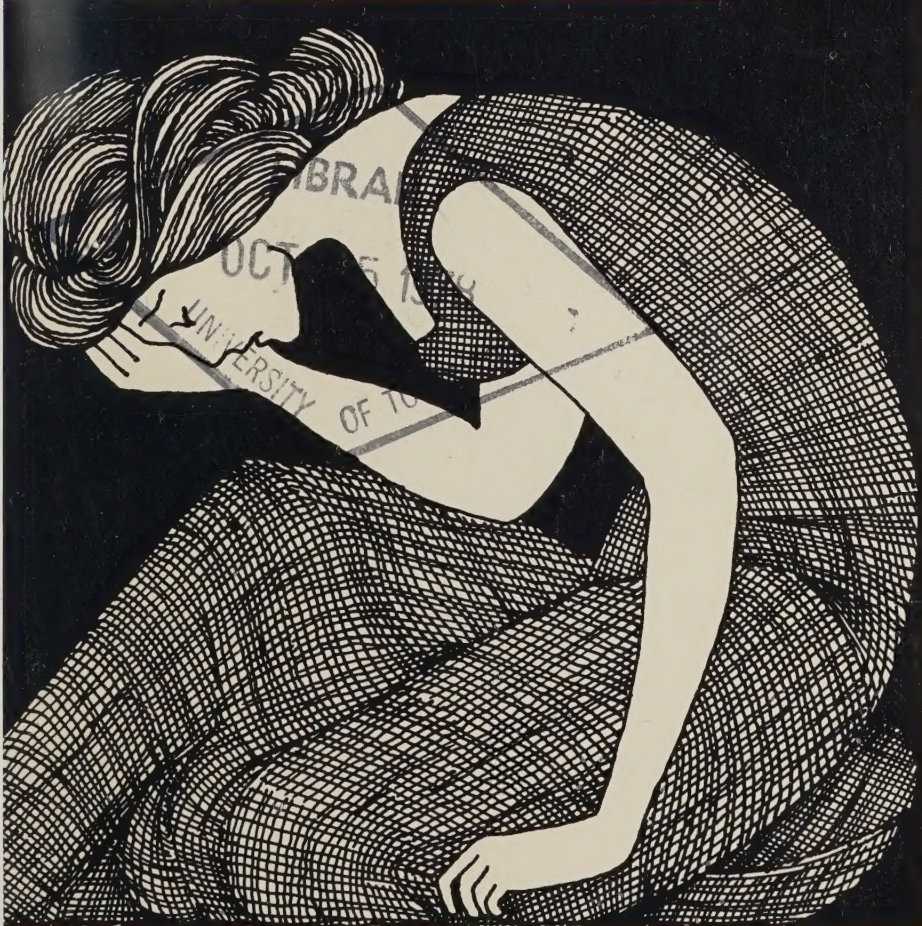
CA20N  
L 72  
~~1978~~  
H 76  
GOVT

Government  
Publications

Government  
Publications

# The Female Alcoholic

DEPOSITORY LIBRARY MATERIAL  
by Judy Fraser



HEATHER COOPER





CA20N  
L 72  
-78476

Government  
Publications


# The Female Alcoholic

DEPOSITORY LIBRARY MATERIAL  
by Judy Fraser



HEATHER COOPER





Digitized by the Internet Archive  
in 2025 with funding from  
University of Toronto

<https://archive.org/details/31761119687358>

T

he mass movement by women to re-define their place in Western civilization has been called the most significant social change to evolve from the 60s, a decade of rapid-fire attacks on status quo so altered now

---

This article originally appeared in *Addictions*, Fall '73. It was updated in May, 1976 by Lavada Pinder of the Addiction Research Foundation.



that few can accurately recall it. In relinquishing her centuries-old state of grace for a modern bill of rights, today's woman faces a challenge of uncharted dimensions. The aftertaste of the revolution may be bitter; it should be sweet. For the female alcoholic it may have special meaning.

By loosening the ties that bind her to the traditional wife-mother role and permitting her full self-realization without guilt, society may effectively deal with the frustration, boredom, and loneliness that have long nourished problem drinking among women. By ruling out self-sacrifice as a prerequisite for womanly happiness and encouraging the development of confidence in herself and all her abilities, society may nurture in her the kind of self-image that will not turn upon itself with liquid hate.

At the same time there are those who suggest that women's liberation, which forces woman to perform not only at home but also in the larger world of work, will create alcoholism. By entering the male-dominated battleground which has yielded such ironic spoils as heavier alcoholism and early mortality, she may be subject to the pressure to conform to the same code of behavior as her brothers. This is the debate. On the side of liberation is the work of researcher Elaine Cumming of the University of Victoria. Her studies show that the greatest protection for women against suicide is employment outside the home. Social relationships gained on the job are the preventative features. Perhaps this is true for alcoholism.

Historically, men have been bigger drinkers. Boozing long ago achieved a questionable but real virility score. Men drink more and sooner, and alcohol often acts as a social bond between them. Only in recent years have women even been granted the right to drink in public bars without a male escort. Men outnumber women in hospital, clinic, and detoxication admissions, and in alcohol-related arrests and convictions. But the gap could close. And there is little at this point to preclude the possibility that women may one day earn equal representation among alcohol statistics.

One prominent expert in the treatment field is not entirely convinced that in spite of lack of supportive data this dubiously desired equality hasn't already been achieved. R. Gordon Bell, founder and president of Toronto's Donwood Institute, a public alcoholism hospital and day clinic, feels the ability of women to manipulate their environments to accommodate their drinking may be an important factor in obscuring an accurate ratio, particularly in middle and upper social circles.



It's not that one less woman than man drinks dangerously, it's simply that society still effectively protects so many women from a full reckoning.

In 1975 the Donwood admitted 828 patients, of which one-quarter were women. This 3:1 ratio, which has been consistent from 1970 to 1976, is considerably lower than other facilities report. Dr Bell firmly believes it is also "a far more realistic reflection" of the full extent of alcoholism than the 6:1 average currently proffered by detoxication units. Serious drinking problems are much more prevalent among women than any figures have yet shown, says Dr Bell, but most of it remains unrecognized and untreated.

While one factor remains consistent in the demography of alcoholism — that women are outnumbered by men — the statistical picture of women alcoholics, indicated by deaths caused by liver cirrhosis, is showing a marked increase. In the Ontario female population between the ages of 15 and 70 during the years 1962 to 1973, deaths from liver cirrhosis increased by 120%. The female population increased by only 35% in the same period. And yet they remain a small minority wherever problem drinkers show up. Admissions to hospitals, clinics, and detoxication centres generally vary between 3:1 and a skid row high of 8:1. Alcoholics Anonymous estimates one-quarter of its membership to be women.

The margin of difference between the incidence of alcoholism among men and women is explained as the result of stronger social forces inhibiting women from excessive drinking. Women have historically worked double-duty in the preservation of social mores. They risk society's censure by bucking the prevailing code of acceptable behavior, and they risk the added disgrace of being women who faltered. As Joseph Hirsh wrote in "Women and Alcoholism": "Woman represents important social and moral symbols that are the bedrock of society. And when angels fall, they fall disturbingly far. We would rather have them in their place, which is another way of saying that they define and make our own place possible and even more comfortable."

We are a society which largely condemns heavy drinking and is only beginning to come to terms with the insidious "Double Standard." In spite of the vast and profound changes our social attitudes are undergoing, including a new tolerance for many practices weighted by sanction and taboo, the negative social value of excessive drinking remains. We have always



come down hard on alcoholics. We have always come down harder on alcoholic women.

The pressure exerts itself at two levels, but need only act at one to prevent a woman from becoming a statistic, something real to deal with. Should the existing negative forces not be sufficient to dissuade a woman from the excess consumption of alcohol, she may yet be effectively dissuaded from confronting her problem. Society may not succeed in discouraging her illness, but in discouraging instead her acknowledgement of it. Either way, we are spared another tarnished angel, and the question of the accountability of a whole body of women with hidden drinking problems remains strictly a social issue.

Our social attitudes, in fact, have created and nourished a great number of irregularities in our perceptions of the female alcoholic and our subsequent interactions with her. She appears to be so threatening a digression from the current cultural ideal that she throws us into fits and starts of confusion. We challenge her simultaneously with strong inhibitions and notable latitude. She is punished and protected, both because she is an alcoholic and because she is a woman. Relationships with family, physician, police, and employers, which typically present opportunities for identifying the problem and helping, are made impotent by these attitudes.

Studies have shown convincingly that the woman who drinks is more highly criticized than any drinking man. Her assault on the bottle represents the breaking of a more rigid taboo, the shattering of a deeply divined image of femininity. Regardless of her social or economic status, the woman alcoholic faces greater castigation and rejection from a less tolerant society.

Our reluctance to deal effectively — even honestly — with the female alcoholic is supported by a multitude of social nuances. Many are designed to postpone the crucial labeling process, to delay the truth of her distress, and drive her further into her foggy underground. It's a cruel measure of our collective reluctance to humanize our concept of woman, even to save her.

ARF social researcher Gus Oki has noted the deliberate action of skid row social agencies to exclude, or at least seriously restrict, temporary



accommodations and services for deviant women drinkers. "Some contend that there are no more services than are necessary," says Oki. "And some, ignoring the evidence, believe society only creates deviance by providing accommodation for it." The reasoning is somewhat naive — that female alcoholism will be blockaded absolutely by denying women the facilities available to men — but no different from that called up to rationalize our discomfort in a variety of similar situations.

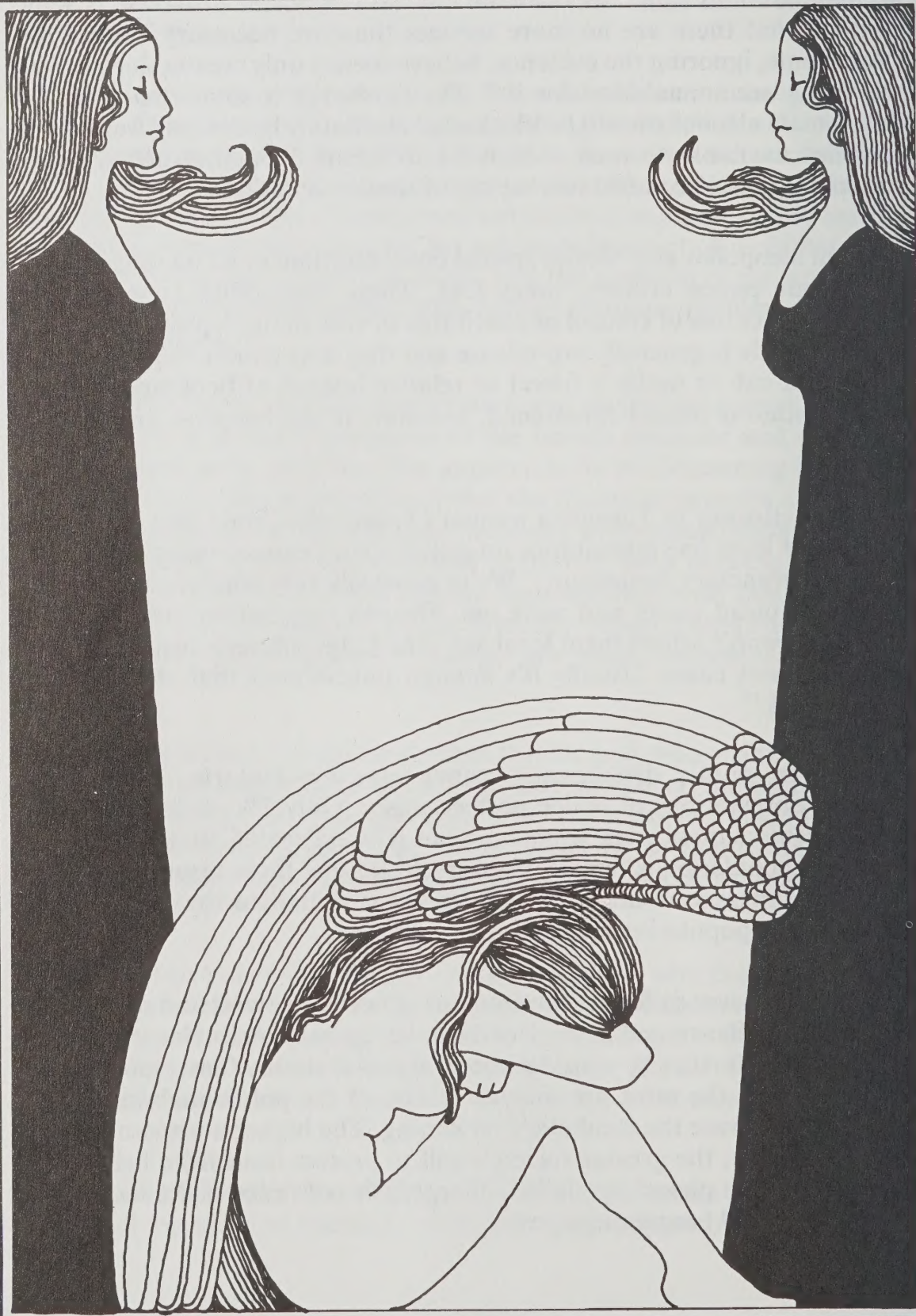
Women alcoholics also receive special consideration, or camouflage again, from male police officers, notes Oki. These men often appear either shaken by her loss of control or charitable in view of her lapsed femininity. Their attitude is generally pro-release and they may choose to pack her off home in a cab or notify a friend or relative instead of booking her. This favored state is indeed threatened, however, if she becomes an habitual concern.

A crown attorney in Toronto's women's court, who rarely sees a day pass without at least one appearance on public drunkenness, notes the court's rather perfunctory demeanor: "We're generally very lenient with women. They just plead guilty and walk out. Drunks very seldom have lawyers. The court won't afford them legal aid. The judge grants a suspended sentence in most cases. Usually it's enough punishment that she's spent a night in jail."

Figures on public drunkenness convictions for Ontario during 1972 support observations of police protectionism. Only 7% of the arrests for public drunkenness were women, while it is estimated that 17% of the alcoholic population is female. Conversely, 93% of those arrested for public drunkenness were male, while in fact it is estimated that only 83% of the alcoholic population is male.

A woman receives differential treatment at both the arrest and disposition stage of an offense and men, clearly, take up the slack. Her position is compounded further by considerations of social status. Class, money, and reputation are the most precious associates of the public inebriate. They regularly frustrate the alcoholic's reckoning. The higher a woman's socio-economic class, the greater society's will to protect itself from her. She is less likely to be picked up, jailed, charged, or convicted if she has any of these additional bargaining agents.







Tolerance of women alcoholics is highest on skid row where even abusive drinking behavior is less frowned upon. Thus, it's this woman who accounts for the vast majority of public drunkenness arrests. She is more vulnerable to police action because of all women she is both less likely and less able to hide her problem.

With 15 years behind her as director of the Salvation Army's Homestead, a 24-bed home for women with alcohol problems, Major Betty Peacock would agree that these women are more vulnerable. She says: "They simply go where night finds them. They are specially lonely, afraid of the unknown, afraid of trying, needing special support and understanding."

A rather vital measure of our inadequate concern for the woman alcoholic is the manner in which our understanding of her has been effectively delayed by a lack of real knowledge, research, and education. For decades studies have tended either to ignore her completely or to assume her alcoholic experience is precisely the same as a man's. A Washington University medical school psychiatrist, Dr Marc Schuckit, conducted an extensive search and review of the literature on women alcoholics in 1972 and uncovered only 28 studies published in the English language between 1929 and 1970. Data drawn from alcoholic studies of men and applied to women are of questionable significance, stated Schuckit, and so the new interest in research and treatment for the alcoholic woman is long overdue.

There have been several unfortunate outgrowths of this situation. Most existing treatment facilities have been designed with only men, or primarily men, in mind. This was the opinion of 27 Ontario women who met in October, 1975 for a three-day consultation in Ottawa concerning women, alcohol, and drugs. They focussed on the need for training professionals and developing services for women alcoholics. "There's a lack of teaching about alcoholism in all curriculums," said one experienced alcoholism worker, "but it is most apparent where women are concerned. The medical profession, in particular, seems to define female patients as nervous, menopausal, or hypochondriacal when actually they could be alcoholic." The prescriptions which follow lead to the state of cross-addiction.

Alcoholism workers from across the province agree that women enter their programs with "a fist full of pills." Diane Hobbs, co-ordinator of Detoxication and Rehabilitation Programs for ARF, observes that women admitted



to the 15 available beds for detox in the province (227 for men) tend to be younger, but use more tranquillizers and are less likely to accept referral.

Ms Hobbs, formerly a professional development consultant with the ARF, traveled widely in an effort to effect the kind of communication between her fellow nurses and their female alcoholic patients that will benefit both. "We're very concerned about our communications on a woman-to-woman basis," she remarks. "Nurses sometimes associate the female alcoholic with promiscuity, personal failure, being a poor wife and mother. We see ourselves in her and we're repulsed. We have to try to establish trust between us, and women aren't used to trusting each other."

Emphasis on women helping women and on sensitive staffing of services are two themes which permeate all discussions with those committed to services for the female alcoholic. The Donwood Institute has taken leadership in these areas. Doreen Birchmore and Rodeen Walderman of the Donwood note that, in their Institute, there is a large number of female staff members and therapists, some of whom are sympathetic to feminist theories of emotional stress among women. Perhaps this has some bearing on the high rate of recovery of many female Donwood patients. Whatever the case, it seems advisable that female alcoholics should be treated by individuals who are concerned and informed about sex role conflicts of women in today's society. Marguerite O'Rourke, director of a program in Hamilton, puts it simply "I choose staff who have good feelings about themselves as women. This is what must be transmitted."

Most would agree that where treatment for female alcoholics is concerned it is a pioneering experience. Myrtle Deschamps opened a recovery home for women in North Bay, Ontario in 1976. She says: "It's a learning process. The women are prouder, more uptight, and not as amiable as men who have been through the network of services. But this means that they have a lot of energy to devote to their recovery if we can only be flexible and listen carefully to their ideas about what they need."

Women drink differently than men. And they drink for different reasons. In any discriminating consideration of alcoholism these distinctions are important.

Most women do the majority of their drinking at home and alone. This is perhaps the single most discerning factor in a comparison of the consumer



behavior of men and women. It is also one of the clearest indicators of the type of environment which begets and fosters alcoholism among women. Housewives swell the ranks of female alcoholism and indeed constitute the greater proportion of heavy drinkers. They have more opportunity to drink than any other women, and in the case of affluent social classes, they have more money to buy more and better booze, time, and recuperative aids.

An enterprising Don Mills, Ontario man has probably met more of these women in the past few years than many career workers in the alcoholism field. He started an independent delivery service called Dial-a-Bottle. For a minimum \$2 fee, he picks up liquor from an Ontario Liquor Control Board outlet and delivers it — legally — to telephone customers. He boasts that many of his orders come from “little old ladies who don’t want their neighbors to see them headed for the liquor store.”

Why such women drink is a question for Dr Bell, whose 30 years’ experience in the alcoholism field makes his observations both accurate and insightful: “Most women today seem to drink to relieve boredom, loneliness, and frustration. A great many women in our society have been educated to expect more out of life than merely being a good wife, mother, and homemaker. One woman can be all these things and still feel unfulfilled, while for other women it’s enough.

“There are so many reasons a woman deserves to be able to be more than the traditional wife-mother. Women see a wide range of life beyond motherhood and being a good wife. They want life, and we at Donwood support them. We feel that a woman, as a man, needs the opportunity for personal fulfillment. It’s so simple. It’s common sense. Some people are partially enslaved by the definitions of what is man’s and woman’s role. I say dump these old ideas, they’re dated!

“If there’s a chance for the fulfillment of a woman’s education and her identity, then the likelihood of her ever turning to a drug is reduced to begin with, and certainly reduced should later problems arise.

“Aside from this, there’s been such a dramatic change in the relative stability of life’s institutions in the past quarter century — there are so many broken marriages that marriage itself has become a seedbed for



planting alcohol and other drugs to alleviate boredom, frustration, and the lack of a sense of personal identity.”

Few women regularly get drunk on beer; they prefer — in the beginning, at least — the more “feminine” sherries and fine wines. The beer-drinking female is nonetheless an increasingly frequent discovery now that taverns have been opened to unescorted women and the drinking age has been lowered to 18 in many constituencies. Indeed, women are drinking more openly today than at any time in the past and on many more occasions. Alcohol, rather than tea or coffee, is now the beverage which accompanies many traditional activities such as showers and coffee klaches. It is this factor, coupled with a new awareness of women in general, which has created the appearance in recent years of an upswing in alcoholism among women.

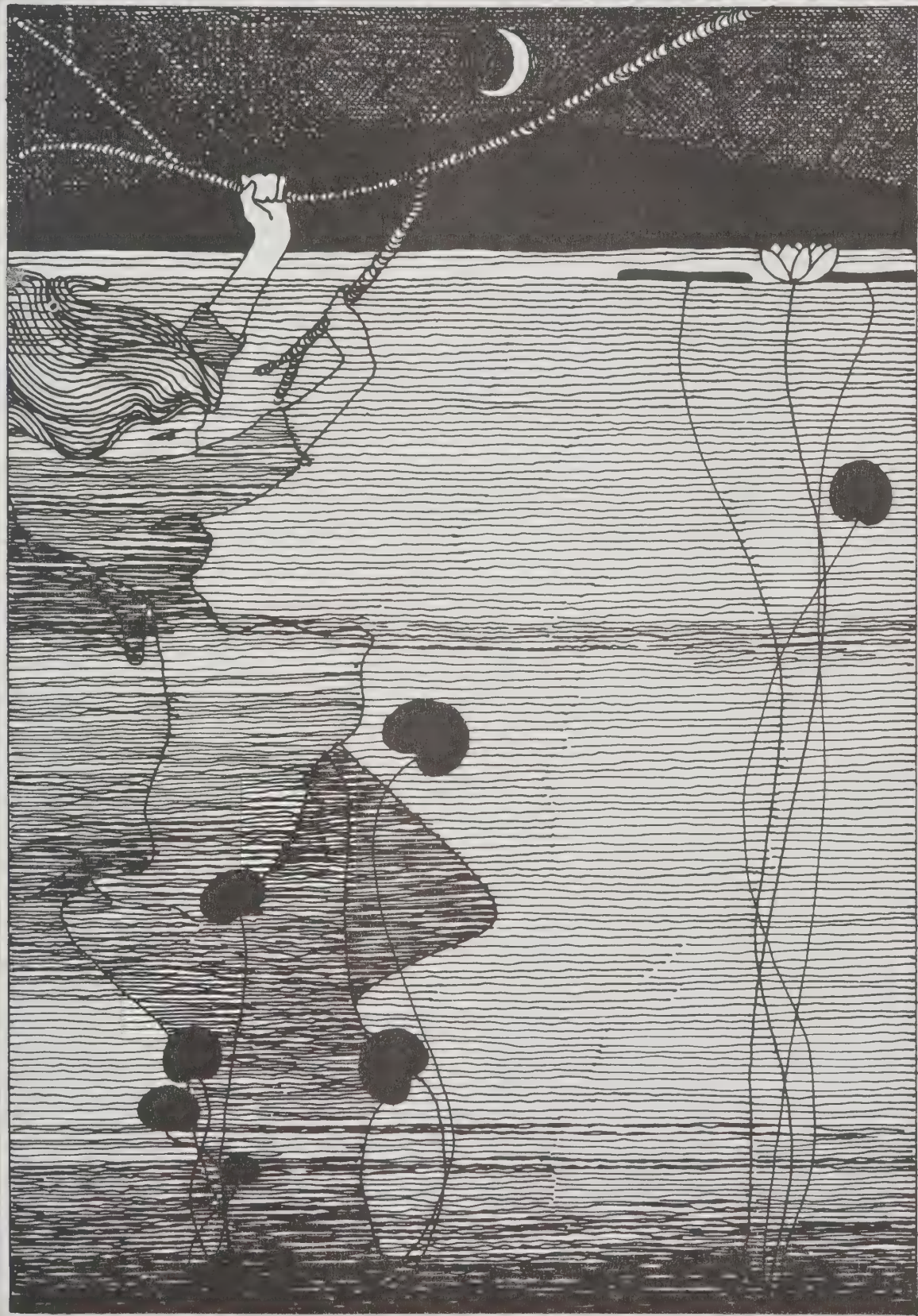
In considering this openness Dr Bell offers the qualification that the hidden alcoholic may not wish to expose herself on such an occasion. “They’re not necessarily the ones who get sloshed at cocktail parties. Women who don’t want anyone to know they drink heavily are frequently careful to avoid disclosure.”

At the ARF Dundas Street West detoxication centre, where five of the 19 beds are reserved for women, most have been classified as lower-class drunks, with a high representation from skid row. And while the occasion is rare when at least one female resident isn’t a skid row type, it is not so rare any more to find her in company with a middle-class working woman. She may be a single young professional who got too drunk in a bar to get home, or a divorced middle-aged secretary found stumbling home from an office party.

A persistent misconception is that the only women with serious drinking problems are bored losers at either end of the social scale — the down-and-out street drinkers and the charity workers of the upper income brackets. While alcoholism may well be concentrated among these women, a new curiosity and concern seems to be developing for heavy drinkers in another identifiable group.

The unattached middle-aged working woman, an almost invisible and inconsiderable entity to alcohol experts at one time, is causing many to look







again. Not only are her numbers increasing — as a result of reduced social pressure to marry and the availability of divorce — but apparently so is her alcohol consumption. She, too, drinks at home and alone, but she lacks the cloistering of the housewife.

While housewives may feel isolated in an emotional sense, working women are often isolated both emotionally and physically. Self-supporting, they are independent and able to drink unhampered by husbands and children but also without the support which families have the potential to offer.

One of the ways in which alcoholic working women can be reached is through their places of employment. Large corporations such as Bell Canada, Ontario Hydro, Eaton's, Simpson's, The Royal Bank, Imperial Oil, and some departments in the civil service, all of which employ a great number of women, have taken the initiative to detect drinking problems and refer employees to industrial treatment projects. A Manual for Supervisors developed by Ann St Louis, personnel counselor for the Department of National Revenue, has received considerable attention from employers in both public and private sectors.

The problem, however, in using industrial programs to assist alcoholics are many, particularly for early intervention. Industrial alcoholism counselors are well aware of the procrastination on the part of employers and supervisors when it comes to confronting their employees. This hesitation is even more pronounced where female employees are concerned. The difficulties are compounded as the employer is usually male, and not necessarily any more enlightened about women with alcohol problems than the rest of society. The ARF's May Street Clinic, which takes referrals from co-operating businesses, sees about one woman for every 20 men in its rehabilitation program. Most of these are clerks, secretaries, and nurses committed to treatment by their respective supervisors who then become major participants in their recovery.

Women, as a rule, encounter drinking difficulties later in life than men. The average woman alcoholic begins abusing alcohol between the ages of 28 and 33. And unlike men, in whom the progression of the illness normally occurs over a period extending up to 15 years or more, the onset of symptoms is rapid, telescoped into only a few years. A woman's first hospital admission for alcoholic complications occurs on the average about the age of 40 and by then her physical health and appearance have



usually deteriorated strikingly. If she escapes treatment at this point — as she often succeeds in doing — the rate of impairment only accelerates.

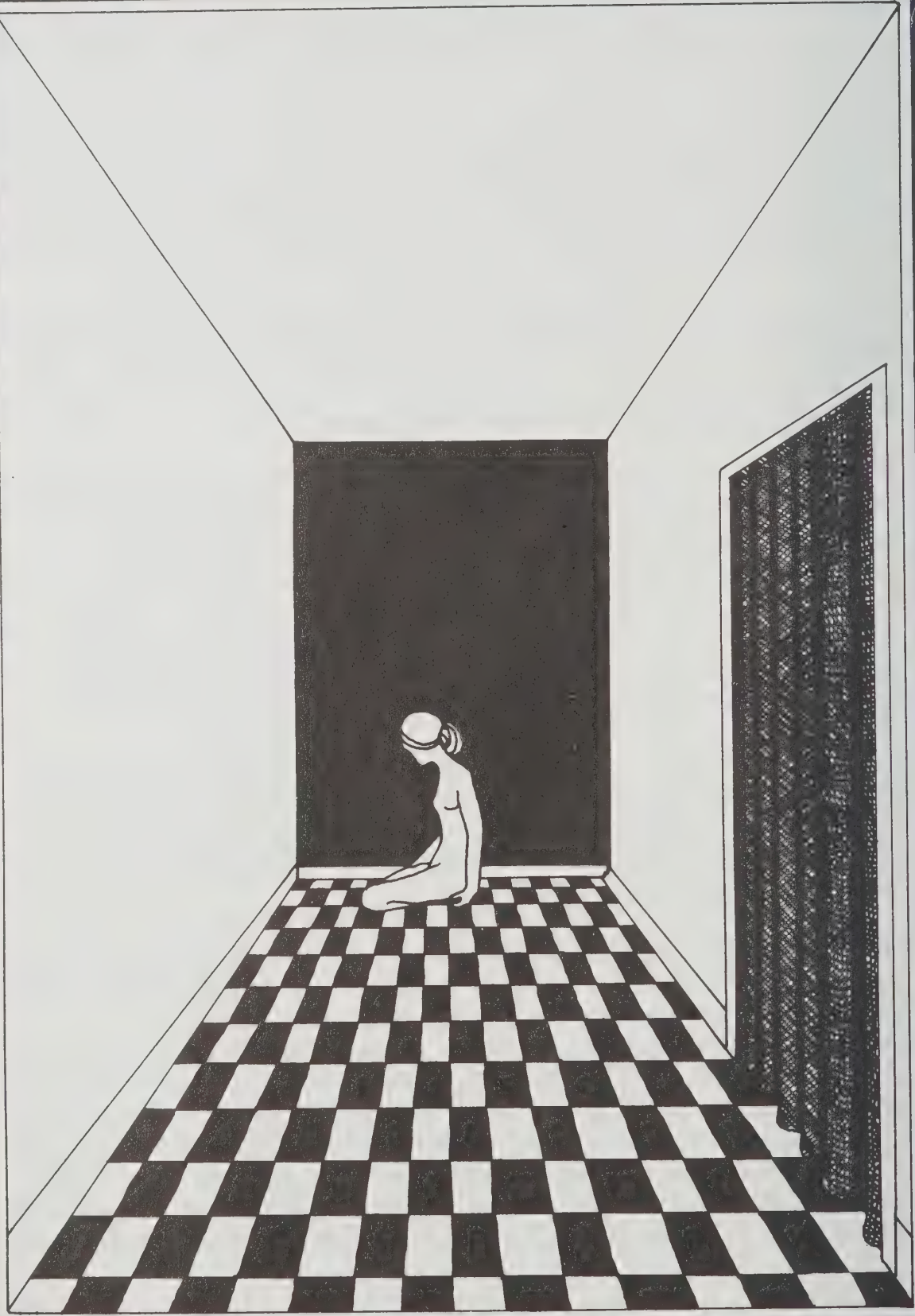
It has been noted that women often begin their dependence on alcohol in response to a specific stressful situation. Dr Martha Sanchez-Craig who directs the Spadina Project, a co-ed recovery home in Toronto for 22 men and 17 women, finds that most of the women who enter the home report that their heavy drinking started after a loss, either by death or separation, of someone close — usually a friend, child, or husband. Statistics have shown that as many as two-thirds of alcoholic women are divorced, a rate not matched by the male segment of the alcoholic population. It is a common belief that for every 10 wives who see an alcoholic husband through, only one husband remains with an alcoholic wife. After years of denying the problem and fearing disclosure, he leaves her.

A vast body of literature has been accumulated about the non-alcoholic wife of an alcoholic man, much of which seemed to indicate that the wife contributed to her husband's illness. This literature has not stood the test of time. However, Vera L. Lindbech points out in her 1972 review of the literature that there still remains a difference of attitude toward the spouse of the alcoholic depending on whether the inebriate is male or female. Generally, the non-alcoholic husband of the alcoholic woman has been given more sympathy although relatively little research effort.

Researchers have, however, demonstrated that the incidence of alcoholism in the immediate families of women alcoholics is often notably high, particularly among male members. A cross-section of such studies confirms that at least one-third have alcoholic fathers or brothers, and, in some cases, as many as one-half.

Until recently the single most repeated statement about women alcoholics was in relation to their having a high incidence of psychological disorders. This is now being seriously questioned within the context of women's role and the way they are perceived by our society. Linda J. Beckman, in her 1975 analysis of the research, says that perhaps what appears to be greater pathology in women could be a result of their alcoholism and the greater social disapproval and rejection of it. A 1976 Donwood Institute study compared 100 women alcoholics with a matched group of 100 non-alcoholic women. They shared common attitudes with non-alcoholic women with regard to current thinking about working outside the home, hus-





bands and wives sharing tasks, and the women's liberation movement. But where feelings of worth and confidence in attaining goals were concerned the alcoholics viewed themselves as inadequate. So, side by side with contemporary aspirations are found doubts about ability to achieve. Here are the indicators for designing education and treatment programs.

As women better understand themselves, their hopes and aspirations, both our conception of womanhood and our understanding of her lapse into alcohol dependency are undergoing profound changes. What problems the revolution in women's thinking might create among experts in the alcoholism field, who are just beginning to deal with her in terms of current attitudes, is unknown. But it's clear that by recognizing her potential for developing a strong individual self-image and acting on it, they will be at an immediate advantage.











## **ADDICTION RESEARCH FOUNDATION OF ONTARIO**

**33 Russell Street, Toronto, Ontario M5S 2S1**

For additional copies, Ontario residents may contact the nearest ARF branch office.

© 1974 Alcoholism and Drug Addiction Research Foundation, Toronto  
Revised May, 1976 Eighth Printing

















3 1761 11968735 8